SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

Authorized Agent: _

Address to send permit 14032 E.

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

NOV 0 1 2021

Bayfield Co.

Permit #:	21-0393
Date:	11-31-2021
Amount Paid:	\$75 11-4-21 FIG
Other:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

DO NOT START O	ONSTRUCTIO	ON <u>UNTIL A</u>	ALL PERMITS	HAVE BEEN	ISSUED T	O APPLICANT.	Origin	nal A	pplication	MUST	be submit	tted F	ILL OUT IN I	NK (<mark>NO</mark>	PENCIL)
TYPE OF PERMIT	REQUESTE	D +>	LANI	D USE	SANITA	ARY PRIVY		CONI	DITIONAL	USE 🗆	SPECIAL	USE 🗆	B.O.A.	OTHER	
Owner's Name:	- M	E.I		_		ng Address:	10	t I i	100	City/Sta	te/Zip:		1	Telepho	
Fred &		Fab	nan '	Jr	140	32 E Ever	gra	eer	- 4n.	Bru	le, w	159	820	1/7	
Address of Property: 1/70 Co. Hwy B City/State/Zip: Brale, W1 54820 Cell Phone: (7/5)															
Fmail: (print clearly)															
Contractors															
	wher				Contr	actor Phone:		Plu	mber:					Plumbe	r Phone:
Authorized Agent			ition on behal	f of	Agent	Phone:		Age	ent Mailing	Address (include City	/State/Zip):	Mritton	Authorization
Owner(s))									-						ed (for Agent)
PROJECT	Legal Descr	ription:	(Use Tax Sta	tement)	T _i	ax ID#	21	a	Alten	hate/Le	goey 10	Recorde	ed Document:	(Showing C	Ownership)
LOCATION Legal Description: (Use Tax Statement) Legal Description: (Use Tax Statement) Alternation (Use Tax Statement)															
NW 1/4, S	W 1/4	Gov	't Lot	Lot(s)	CSM	Vol & Page	CSM D	oc#	Lot(s	s) #	Block #	Subdivi	sion: 2014	12-5	57161
Section 3/	, Townsł	hip <u>49</u>	N, Ran	ge <u>09</u>	_ w	Town of:	00	10.	nt a			Lot Size		Acre	age 3 - 9
	d														0,1
	Creek	rlandwa	ard side of	Eloodalain?) 1	tream (incl. Intermit f yescontinue			Distance St	ructure i 15		reline : feet	Is your Pr		Are Wetlands
Shoreland	Is Pro	norty/La	nd within 1	1000 foot of	Flaka D	ond or Flowage			D' 1				Zone		Present? Ves
	- 1311C	perty/ La	na within 1	lood leet of	Lake, F	f yescontinue	→		Distance St	ructure i	s from Sno	reline : feet	□ Y		✓ No
□ Non-								-					MN	0	e no
Shoreland															
Value at Time			98 W 1/2 House (4)	to the second											
of Completion				LI E-VI					Total # o	CA CO			Type of		Type of
* include		Project	t	Pro		Project	100		bedroom	S			ary System(5)	Water
donated time				# of S	tories	Foundation	on		on property				roperty <u>or</u> ne property		on
& material	New	Constru	ıction	1-Sto	orv	☐ Basemei	nt				A STATE OF THE PARTY OF		ie property		property
451				☐ 1-Std		15 76 8			1		/lunicipal New) San		pecify Type:		☐ City
		ition/Alt	eration	Loft		☐ Foundat	ion		□ 2		ricit, can	iliai y	recity type.		□ Well
\$ 1,5000	Con	ersion		□ 2 C±	unu					N/S	anitary (I	Exists) S	pecify Type:		
	Con	reision	_	☐ 2-Sto	Con po					post	Toilet		None		
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	☐ Run	a Busine	ess on		Use None Portable (w/se										
		100 d S	led			Year Rou					Compost	Toilet			_
		0040	NC4			<u> 7705</u>	10	1 (-5)			lone				
Existing Struc					ing appli					Widt	h:		Hei	ght:	
Proposed Cor	struction:	(overa	ll dimensio	ns)	11 == 11	Lengt	h: j	2'		Widt	h: /6'		Hei	ght: /(o '
									a and a second						Square
Proposed	Use	/				Proposed	Struct	ure					Dimension	S	Footage
			Principal	Structure	(first	structure on pro	perty	/)	-			(Х)	· souge
			Residence	c e (i.e. cab	in, hun	ting shack, etc.)					(Х)	
Resident	ial Use			with L								(Х)	
4				with a					-	-	P:	(Х)	
					2 nd) Por	rch	-					(Х)	
-			<u> </u>	with a		4.	4	_				(Х)	
	cial Use		-		2 nd) Dec		-					- (X)	
F Comment						d Garage		ų.				(Х)	
						or sleeping o						es) (X)	
		Mobile Home (manufactured date) (X))					
☐ Municipa	al Use			/Alteratio					1 1	_		. (Х) -	
1.1		*				n) open wa				-1		. (16 X 13	-)	192
			Accessor	y Building	g Additi	ion/Alteration	(expla	in) _				_ (Х)	
			Special L	Jse: (explai	n)							(Х)	
□ Conditional Use: (explain) (X)															
		\square	Other: (e	xplain)<	pen	wall wo	od	Sh	ed		14 15	()	16' x 12	1)	192
			FAILURE TO	OBTAIN A P	ERMIT or	STARTING CONSTR	UCTION	WITI	HOUT A PERM	VIT WILL R	ESULT IN PF	NALTIES			
(are) responsible to	r the detail and	accuracy of	ny accompanyir all information	ng information) I (we) am (are	has been of providing	examined by me (us) ar and that it will be relie	nd to the d upon b	best o	of my (our) know ield County in	wledge and	pelief it is true	, correct and	I (we) further ac	ant liability	which may be a
result of Bayfield Co	ounty relying or	this inform	ation I (we) en	n (are) providin	g in or wit	h this application. I (we	conser	it to co	unty officials o	harged with	administering	county ordi	nances to have ac	cess to the a	writch may be a bove described
Owner(s):	/	1	1 1	4.		1/-	7		91.0) Date	25/	21
(If there are M	//		-//	All Owners	must sig	n or letter(s) of au	thoriza	tion	must accom	nany this	annlication		ate	- 0 / 0	

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Evergreen Lane

(See Note below)

Date ___

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Show Location of: Proposed Construction (2) Show / Indicate: North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

Show Location of (*): (3)(4)Show: All Existing Structures on your Property

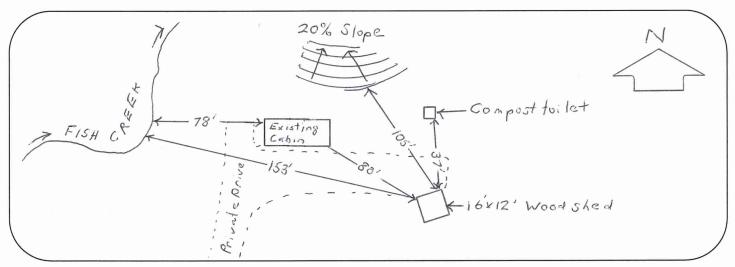
In the box below: Draw or Sketch your Property (regardless of what you are applying for)

(5)Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) Show any (*):

Show any (*): (7)

(6)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

Fill Out in Ink - NO PENCIL

(8) Setbacks: (measured to the closest point)

Description		Setback Measurements			Description	Setback Measureme		
Setback from the Centerline of Platted Ro	oad	NA	Feet	715	Setback from the Lake (ordinary high-water mark)	NA	Feet	
Setback from the Established Right-of-W	ay	NA	Feet		Setback from the River, Stream, Creek	153	Feet	
					Setback from the Bank or Bluff	NA	Feet	
Setback from the North Lot Line 95	0 100	NA	Feet					
Setback from the South Lot Line	20 284	NA	Feet		Setback from Wetland	NA	Feet	
	0-570	NA	Feet		20% Slope Area on the property See Diessen	✓ Yes □	No	
	4	AM	Feet		Elevation of Floodplain		Feet	
				na R				
Setback to Septic Tank or Holding Tank		NA	Feet		Setback to Well	NA	Feet	
Setback to Drain Field		NA	Feet					
Setback to Privy (Portable, Composting)		37	Feet	JP.				
	14016		d in the ob-	L L .	oundary line from which the cethack must be measured must be visible from one	and the sales are as a second and		

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be narked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

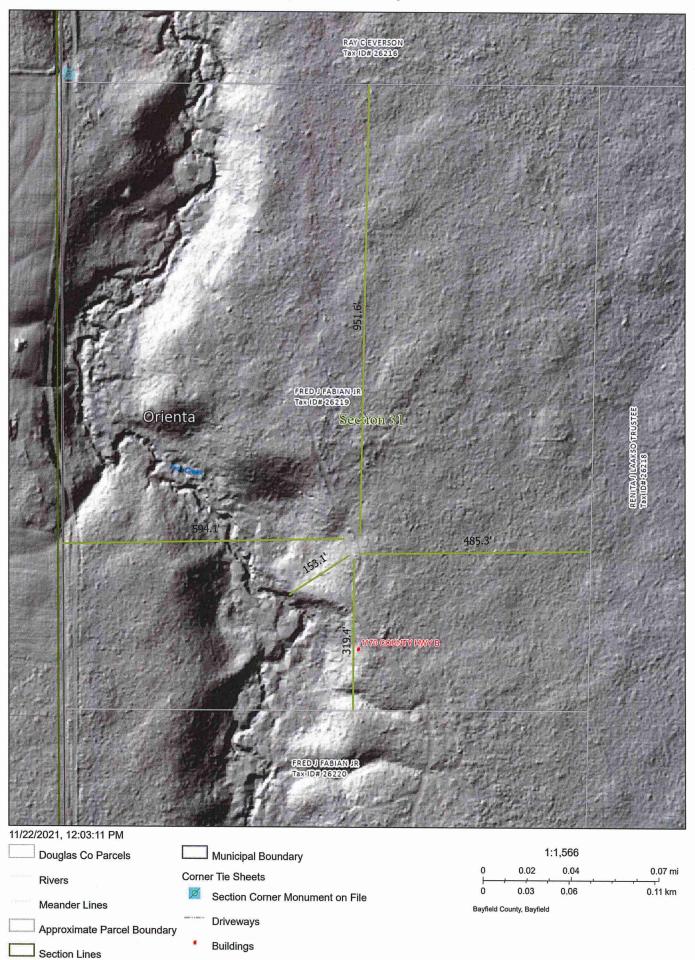
If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (Count	ty Use Only)	Sanitary Number:	0	# of bedroor	ns:	Sanitary Date:	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:	Aust	44 7411						
Permit #: 21-0393		Permit Date: 30-								
Is Parcel in Common Ownership	☐ Yes (Deed of Record ☐ Yes (Fused/Contiguo ☐ Yes	ous Lot(s))	Mitigation Required Mitigation Attached	A STATE OF THE REAL PROPERTY.		Affidavit Required Affidavit Attached	Yes No			
Granted by Variance (B.O.A.) ☐ Yes No Cas	se #:		Previously Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:							
	Was Parcel Legally Created Was Proposed Building Site Delineated Was P						Yes No			
Inspection Record: owner on - Sik and project location Staturd, Zoning District (FI) Appears code compliant Lakes Classification (3)										
Date of Inspection:		Inspected by:	dd Norwro	D		Date of Re-Inspection:				
Condition(s): Town, Committee or B Not for human allowed inside	n habitation structure	- Isleeping nost mer	purposes, per and ma	oched.) No pre	issurfee Set b					
Signature of Inspector:	ed Nov.	wird				Date of Appro	val: 11-22-			
Hold For Sanitary:	Hold For TBA:	Hold For Affic	lavit: 🗌	Hold For Fee	es: 🗆					

(@August 2021) ®®January 2000

Bayfield County, WI



Real Estate Bayfield County Property Listing

Today's Date: 11/22/2021

Property Status: Current

Created On: 3/15/2006 1:15:52 PM

Description

Tax ID: 26219

PIN:

04-036-2-49-09-31-3 02-000-10000

Updated: 12/18/2014

Legacy PIN:

Map ID: Municipality:

(036) TOWN OF ORIENTA

STR: Description:

S31 T49N R09W

036108805000

Recorded Acres:

NW SW IN V.1136 P.341 683 33.940

Calculated Acres: Lottery Claims:

33.791 0

First Dollar:

Yes

Zoning:

(F-1) Forestry-1

ESN:

124

Tax Districts	Updated: 3/15/2006
1	STATE
04	COUNTY
036	TOWN OF ORIENTA
044522	SCHL-SOUTHSHORE
001700	TECHNICAL COLLEGE
Recorded Documents	Updated: 1/10/2012

3	Recorded	Documents

WARRANTY DEED Date Recorded: 12/17/2014

2014R-557161 1136-341

QUIT CLAIM DEED

Date Recorded: 5/13/2011

2011R-538427 1062-154

☐ CONVERSION

Date Recorded: 3/15/2006

491-151;746-238

Ownership	Updated: 12/18/2014
FRED J FABIAN JR	BRULE WI
SUSAN V FABIAN	BRULE WI

Billing Address: Mailing Address:

FABIAN, FRED J JR & FABIAN, FABIAN, FRED J JR & FABIAN, SUSAN V SUSAN V

14032 EVERGREEN LN **BRULE WI 54820**

14032 EVERGREEN LN **BRULE WI 54820**

M	Site	Address	*	indicates	Private	Road
380	Site	Auui 635		muicates	riivate	KOdu

1170 COUNTY HWY B **BRULE 54820**

Property Assessment	Updated: 4/26/202					
2021 Assessment Detail						
Code	Acres	Land	Imp.			
G1-RESIDENTIAL	1.000	4,200	2,400			
G6-PRODUCTIVE FOREST	32.940	32,900	0			
2-Year Comparison	2020	2021	Change			
Land:	33,900	37,100	9.4%			
Improved:	0	2,400	100.0%			
Total:	33,900	39,500	16.5%			

Property History

Town, City, Village, State or Federal **Permits May Also Be Required**

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.

21-0393

Issued To:

Fred Jr. & Susan Fabian

Parcel in

Location:

NW ½ of **SW** ½

Section

31

Township

49

N.

Range 9

W.

Town of

Orienta

Gov't Lot

Lot

Block

Subdivision

CSM#

Residential

For: Accessory: [1-Story]; Open Wall Wood Shed (12' x 16') = 192 sq. ft.] Height of 10'

(Disclaimer): Any future expansions or development would require additional permitting

Condition(s): Not for Human Habitation or Sleeping Purposes. No Pressurized water or plumbing allowed inside structure. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

> Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Todd Norwood, AZA

Authorized Issuing Official

November 30, 2021

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County**

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) OCT 28 2021

Bayfield Co.

Permit #: Date: 11-3-21 **Amount Paid:**

INSTRUCTIONS:						Planning and	Zoning	Agend	У		Ref	und:			
Checks are made						O APPLICANT.	Origin	nal Aı	pplication !	MUST be	submit	tted	FILL OUT IN II	uk (NK	O DENCII \
TYPE OF PERMIT			≜ LAND		SANIT										o i Liveil,
Owner's Name:				OJL L	ALL DESCRIPTIONS	ng Address:		CONL	DITIONAL US	City/State		USE L	B.O.A. □	OTHER	none:
											9 5000				
Address of Property: City/State/Zip: 204-3											none: I rayne				
Email: (print clearly) Port Wing, WISE, 54865 Cell Phone: Waylle															
Contractor: Contractor Phone: Plumber: Plumber Phone:															
Bizyfielo Dirt 715-779-5031												ei Filolie.			
Authorized Agent: (Person Signing Application on behalf of Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorization												en Authorization			
W	ywe r	067201	u		etimoso de	5-779-503 ax ID#	(8	1850 0	IDK	BAYH	elo, w	is. 54714		ired (for Agent)
PROJECT LOCATION	Legal Desci	ription:	(Use Tax Sta	tement)	1	264	14					Record	led Document: (Showing 52	Ownership)
1/4,	1/4	1800	't Lot	Lot(s)	CSM	Vol & Page	CSM D	oc#	Lot(s)	# B	lock #	Subdiv	rision:		
		18.4	4												
Section 35	, Townsl	nip	N, Rang	ge <u>9</u>	_ w	Town of	Orien	44				Lot Siz	e		eage
	☐ Is Pro	perty/La	ınd within 3	00 feet of	River, S	tream (incl. Interr	mittent)	0	Distance Stru	icture is f	rom Sho	reline :	Is your Pro	perty	
Shoreland	0.00		ard side of F			If yescontinue						fee	t in Flood		Are Wetlands Present?
Sonorciana	ts Pro	perty/La	ınd within 1	000 feet o	of Lake, F	Pond or Flowage	e	0	istance Stru	-	rom Sho		-iYe		Yes
□ Non-						f yescontinue	-	-		0		fee	t N	5	No
Shoreland						114 104									
Value at Time									Cappelle province					A Variation III	
of Completion				Dro	ject	Project	ct		Total # of		Carre		Type of		Type of
* include donated time		Projec	t	And the latest the same	tories	POST TO A CONTRACT OF THE PARTY	Project Foundation		bedrooms on				tary System(s property or		Water on
& material					Constitution Telephone				property				the property?		property
1 2 19	☐ New	Constru	uction	☐ 1-St	ory	☐ Basem	ent		□ 1	□ M	unicipal	/City		☐ City	
	☐ Addi	tion/Al	teration	☐ 1-St		' Foundation			☐ (New) Sanita			itary	Specify Type:	-	□ Well
\$ 26,000	_			Lof							nitary (I	Fvicte)	Specify Type:	_	
	☐ Conv	California Company		☐ 2-St	ory	☐ Slab			□ 3		y (.		эрсспу турс.	New	
*			sting bldg)	- at	grade								Vaulted (min	200 gall	lon)
	Prop	a Busine ertv	ess on			Use Year R	Spinster Committee		□ None	□ Portable (w/service contract) □ Compost Toilet					
			rading	1 - 1			ound			□ No		Tonet			
E tall C		,,)					HINESE							
Proposed Cor					eing appli		gth: gth:	0	-	Width: Width:		14	Heig		
		Toverd	ii diiiiciisioi	13)		Len	gui.	2)	vviutii.	1.5	(-1	Heig	nt:	2
Proposed	d Use	1				Propose	d Struc	ture					Dimensions		Square Footage
			Principal	Structur	e (first	structure on p	roperty	y)			1	(х)	
			Residenc			nting shack, et	c.)					(Х)	
Resident	ial Use			with I					Ju			(Х)	
					Porch			-				(Х)	
					2 nd) Por	rcn						(X)	
with a Deck (X) with (2 nd) Deck (X)															
☐ Commercial Use with (2 nd) Deck (X) with Attached Garage (X)															
Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities) (X)									- 1						
Mobile Home (manufactured date) (X)															
☐ Municipal Use ☐ Addition/Alteration (explain) (X)															
Accessory Building (explain) (X)															
									9460						
		×				Keshore Pr						- 14			
y better										41		1	X X X	1	89105F
3,765			Other: (ex									(X	1	*,1
11/					PERMIT OF	r STARTING CONS	TRUCTION	N WITH	IOUT A PERMI	T WILL RES	UITINDE	NAITIES	- X	•	

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described

property at any reasonable time for the purpose of inspection.	carry cramaness to have decess to the ab-
Owner(s):	Date
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)	+
Authorized Agent: (See Note below)	Date 12-27-21

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Copy of Tax Statement If you recently purchased the property send your Recorded Deed

Attach

Address to send permit 89850 Old to Hry K Bayfield WI 54814

See Attachments 142

If you recently

APPLICANT - PLEASE COMPLETE PLOT PLAN

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

(1) Show Location of:

Proposed Construction

(2) Show / Indicate:

North (N) on Plot Plan

Fill Out in Ink - NO PENCIL

(4) Show:

(3) Show Location of (*):

All Existing Structures on your Property

(5) Show:(6) Show any (*):

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Driveway and (*) Frontage Road (Name Frontage Road)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(7) Show any (*):

(*) Wetlands; or (*) Slopes over 20%

Jee Attachments # 142

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measureme			Description	Setb Measur		
Setback from the Centerline of Platted Road	230	Feet		Setback from the Lake (ordinary high-water mark)	0	Feet	
Setback from the Established Right-of-Way	162	Feet		Setback from the River, Stream, Creek		Feet	
				Setback from the Bank or Bluff		Feet	
Setback from the North Lot Line	0	Feet					
Setback from the South Lot Line	163	Feet		Setback from Wetland		Feet	
Setback from the West Lot Line	0	Feet		20% Slope Area on the property	☐ Yes	□ No	
Setback from the East Lot Line	0	Feet		Elevation of Floodplain		Feet	
Setback to Septic Tank or Holding Tank		Feet		Setback to Well		Feet	
Setback to Drain Field		Feet					
Setback to Privy (Portable, Composting)	70	Feet	170				
Prior to the placement or construction of a structure within ten (10) fee	et of the minimum require	d setback, t	the b	oundary line from which the setback must be measured must be visible from on	e previously survey	ed corner to the	

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

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Issuance Information (County Use Only)	Sanitary Number:	avy	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):	Reason for Denial:		and Part of the			
Permit #: 21-0392	Permit Date: //-	0-2021	v madelia			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recondance Continuation of Continuation Contin	ous Lot(s)) No	Mitigation Required Mitigation Attached	Yes No	Affidavit Required Affidavit Attached Yes No		
Granted by Variance (B.O.A.) ☐ Yes No Case #:		Previously Granted by See No	/ Variance (B.O.A.) Case	e #:		
	10,000,000	Were Property Lines Represented by Owner Was Property Surveyed Yes				
Inspection Record: Erading bank/bluff			on of the second second	Zoning District (RRB) Lakes Classification () 1		
Date of Inspection: 11-17-21	Inspected by:	d Norwood		Date of Re-Inspection:		
Condition(s), Town Committee or Board Conditions Atta	shed? T Ves T No /IF	No thou pood to be atta	ched.)	. 2		
Use best management practices	to limit and	prevent eros	ion during u	onssoruction. Kevegetate		
Use best management practices and stabilize non-rock dist	urbed areas	foil owing	construction.	Revogetate access 12 ad		
where not used as a dri	ve way.	7				
Signature of Inspector:	od	101	N. A. S.	Date of Approval:		
Hold For Sanitary: Hold For TBA: Hold For TBA:	Hold For Affic	davit: 🗌	Hold For Fees: 🗌			

@@January 2000 (@August 2021)

TOWN BOARD RECOMMENDATION -- (CLASS A - SPECIAL USE)

When Town Board has completed this form, please mail to:

Bayfield County Planning and Zoning Department P.O. Box 58 – Washburn, WI 54891 Phone – (715) 373-6138 Fax – (715) 373-0114

e-mail: zoning@bayfieldcounty.org

Website: www.bayfieldcounty.org/147

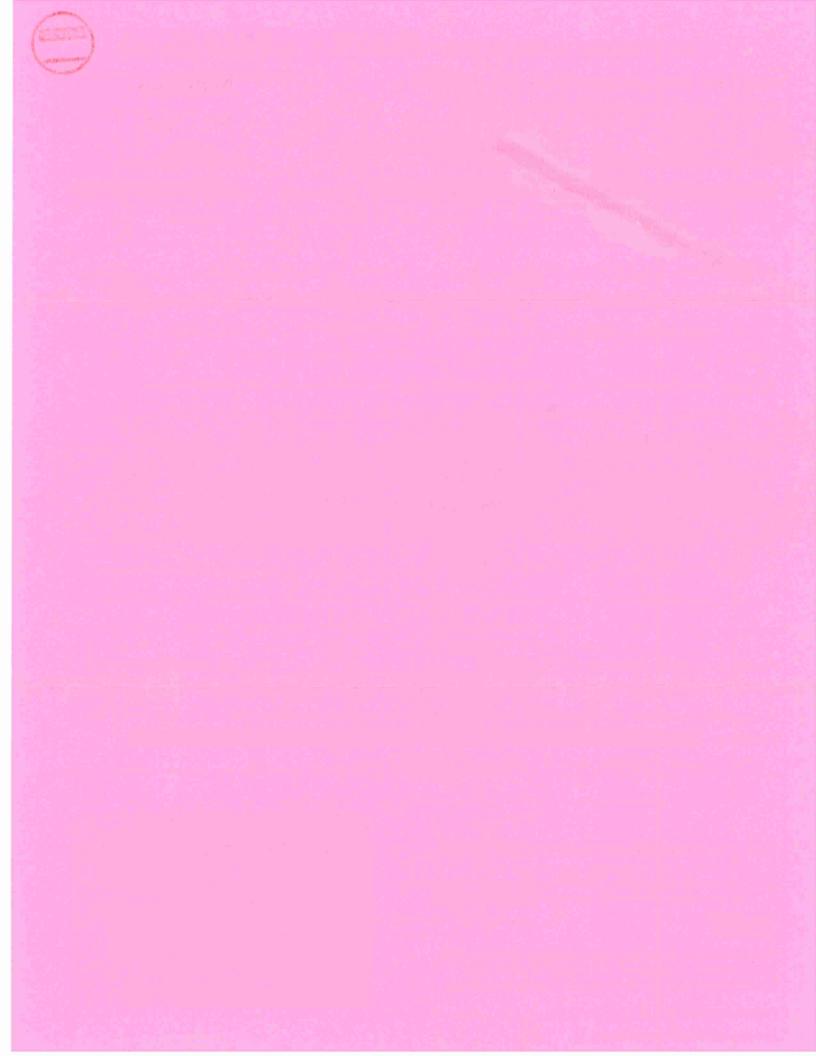
Date Zoning Received: (Stamp Here)

NOV 15 2021

Bayfield Co.
Planning and Zoning Agency

Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 ½ x 14) [front/back]. This is a Class A special use request. Note: The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. Ask Town if you should be present at their meeting(s).

Property Owner Jeff & WATGATTA Licht Cont	tractor Bay Gelo Dirt
والمرابع المرابع والمرابع والمرابع والمرابع المرابع والمرابع والمرابع والمرابع والمرابع والمرابع والمرابع	orized Agent WAYNE Nelson
	nt's Telephone
Telephone Writt	
Accurate Legal Description involved in this request (specify only to	
1/4 of 1/4, Section 35, Township 50 N., Ra	
Govt. Lot Lot Block Subdivision	
Volume Page of Deeds Tax I.D# a6414	Acreage Acreage
Additional Legal Description: Par in let 4 in Doc 2021R-5874	
Applicant: (State what you are asking for) Zoning District:	Lakes Classification Yes
LAKEShore Protection & Graning	
We, the Town Board, TOWN OF ORIENTA	, do hereby recommend to
☐ Table Approval	☐ Disapproval
Have you reviewed this for Compatibility with the Comprehens	sive and/or Land Use Plan: Yes No
Township: (In detail clearly state Town Board's reason for recomm	
TO SAVE SHOKE LINE AND RESIDO	att.
	Signed:
** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM:	Chairman: May 7, 120
	Olidinati.
The Tabled, Approval or Disapproval box checked The Town's reasoning for the tabling, approval or disapproval	Supervisor: James Bail
	1. B.17
2. The Town's reasoning for the tabling, approval or disapproval	Supervisor: James Bail
2. The Town's reasoning for the tabling, approval or disapproval 3. The form returned to Zoning Department not a copy or fax **NOTE: Receiving Town Board approval, does not allow the start	Supervisor: Harry Kevej-
2. The Town's reasoning for the tabling, approval or disapproval 3. The form returned to Zoning Department not a copy or fax **NOTE:	Supervisor: Harry Kavej



October 27, 2021

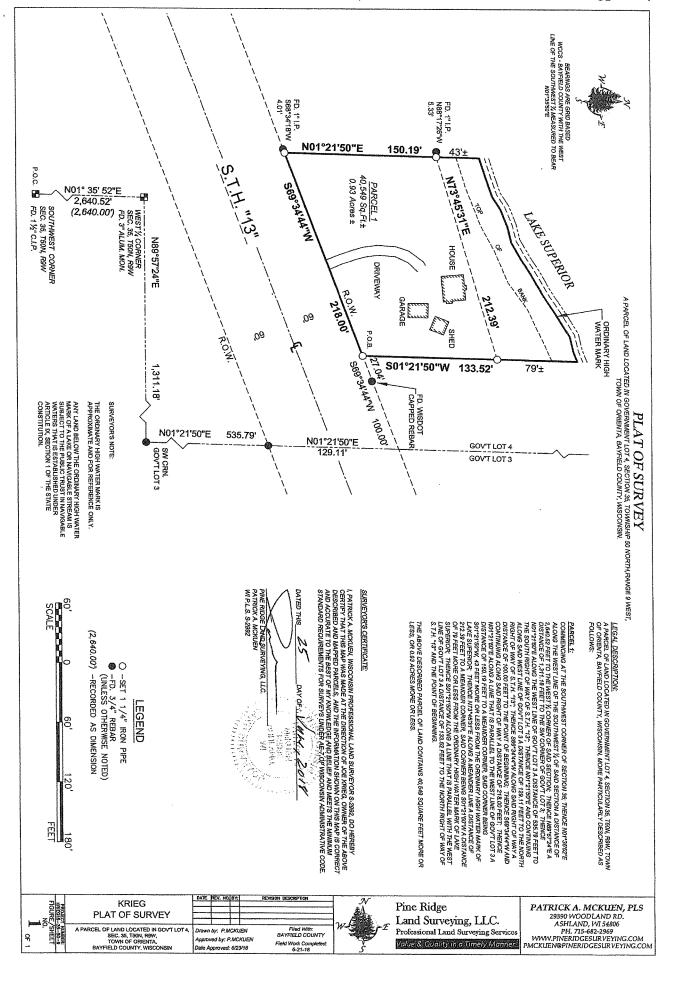
Jeff & Margarita Licht 5230 State Hwy 13 Port Wing, WI 54865

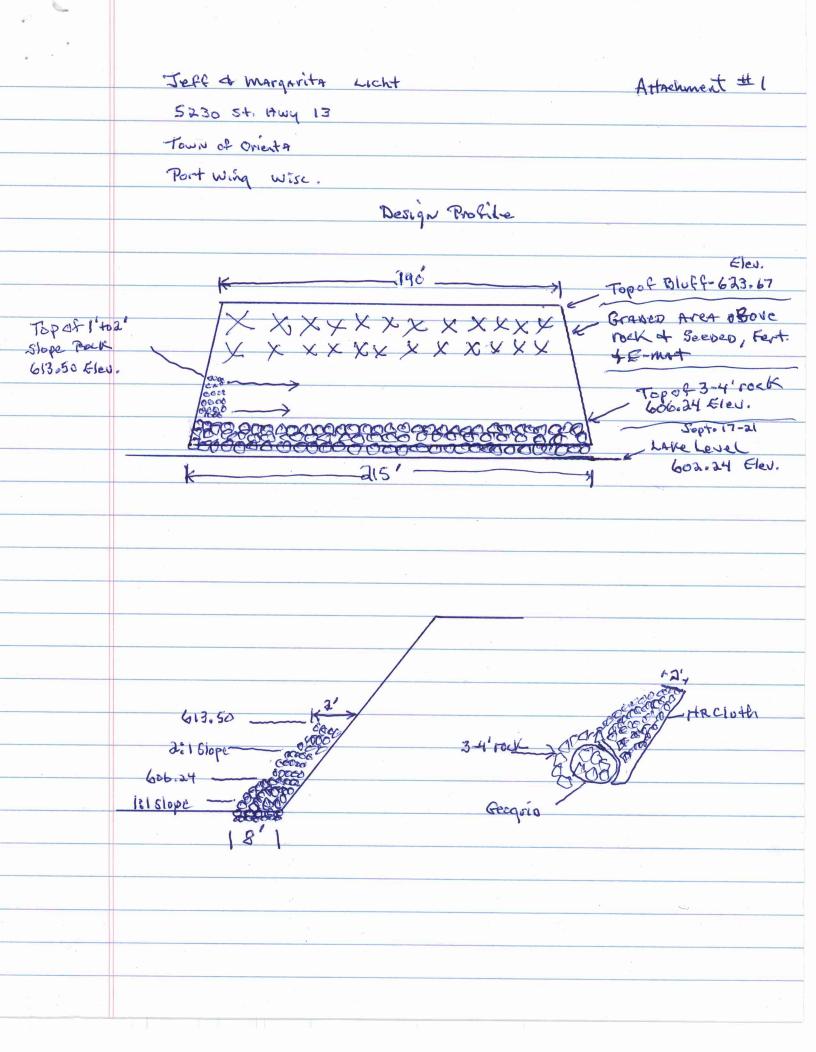
AGENT AUTHORIZATION

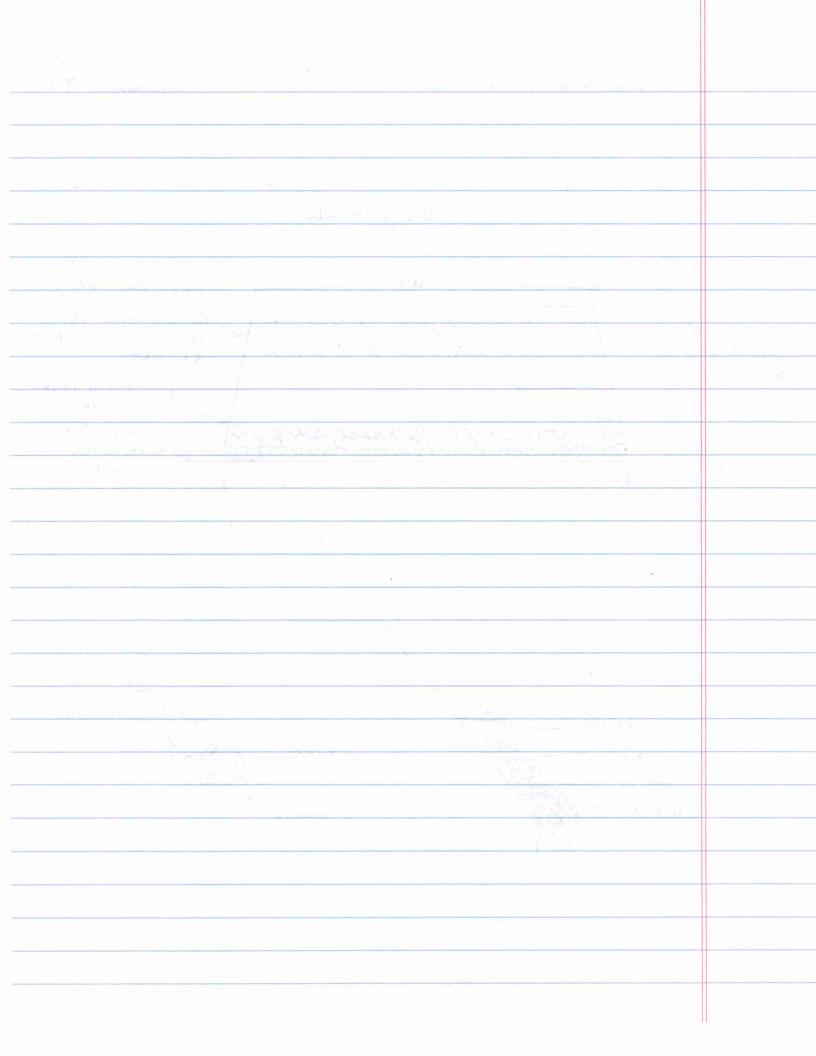
To Whom it may concern:

I, Jeff Licht give my permission to fill out an application for a grading permit for our property at 5230 Hwy 13 to Wayne Nelson or Paul Tribovich.

Best regards A Leho







Access to Lake:

property hime

Construction Access Wioth

609, 24 Klev.

+12'-1 Slope

4" Breaker tock

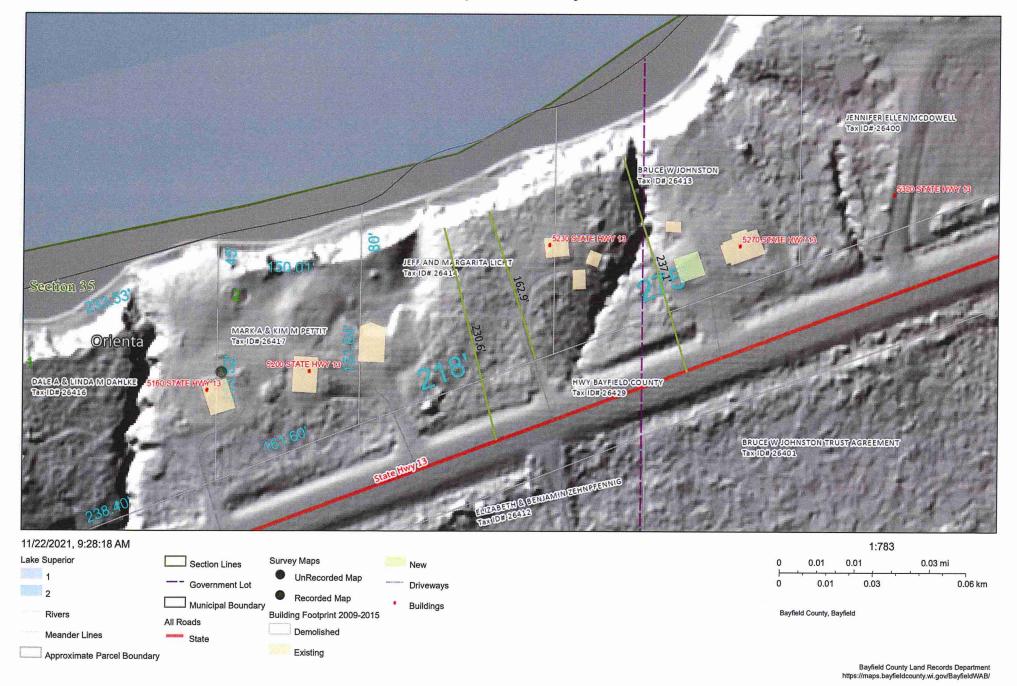
1' minus Breaker rock

1-8'-1/ Access winth Finished

20

1900 F - 11-10

Bayfield County, WI



Real Estate Bayfield County Property Listing

Today's Date: 10/20/2021

Property Status: Current

Created On: 3/15/2006 1:15:53 PM

Description

Updated: 4/5/2021

Tax ID:

26414

PIN:

04-036-2-50-09-35-2 05-004-10000

Legacy PIN:

036110702000

Map ID:

Municipality:

(036) TOWN OF ORIENTA

STR:

S35 T50N R09W

Description:

PAR IN LOT 4 IN DOC 2021R- 587446

793B

Recorded Acres: Calculated Acres:

2.000 1.182 0

Lottery Claims: First Dollar:

Yes

Zoning: ESN:

(R-RB) Residential-Recreational Business

124

	T	a
************	uecce.	-0.00

Tax Districts	Updated: 3/15/2006
теления в вессиония не по то, теления выполняем не по то вести не по то	STATE
04	COUNTY
036	TOWN OF ORIENTA
044522	SCHL-SOUTHSHORE
001700	TECHNICAL COLLEGE

in N	Recorded	Documents
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Updated: 3/15/2006

WARRANTY DEED

Date Recorded: 3/9/2021 2021R-587446

WARRANTY DEED

Date Recorded: 6/21/2018

2018R-573396

WARRANTY DEED

Date Recorded: 7/19/2016

2016R-564463 1163-900

© TERMINATION OF DECEDENT'S INTEREST

Date Recorded: 5/15/2014

2014R-554271 1125-27

☐ CONVERSION

Date Recorded:

215-494;545-376;626-144

₩ WARRANTY DEED

Date Recorded: 10/26/1994

415796 626-144

Ownership

Updated: 4/5/2021

JEFF AND MARGARITA LICHT

NORTHFIELD MN

Billing Address:

JEFF AND MARGARITA LICHT JEFF AND MARGARITA LICHT

101 ST OLAF AVE **UNIT 412**

101 ST OLAF AVE **UNIT 412**

Acres

2.000

NORTHFIELD MN 55057

Mailing Address:

Fite Address * indicates Private Road

5230 STATE HWY 13

NORTHFIELD MN 55057

PORT WING 54865

Property Assessment

Updated: 7/17/2018

Imp.

17,700

Land

77,500

2021 Assessment	Detail
Code	
G1-RESIDENTIAL	

2-Year Comparison	2020	2021	Change
Land:	77,500	77,500	0.0%
Improved:	17,700	17,700	0.0%
Total:	95,200	95,200	0.0%



Property History

N/A

Town, City, Village, State or Federal Permits May Also Be Required

LAND USE - X
SANITARY SIGN SPECIAL - (A) (Town of Orienta-11/15/2021)
CONDITIONAL BOA -

completed or if any prohibitory conditions are violated.

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.		21	-0392	1	Issued	d To: Je	eff & N	largarita Li	cht						
Locatio	n:		1/4	of	1/4	Section	35	Township	50	N.	Range	9	W.	Town of	Orienta
Parcel Gov't Lo		4		Lot		Blo	ock	Su	bdivisio	on		+		CSM#	
	othe		Use	(Disc	laimer): nanage	Any futur	e expan	4') = 9,460 s sions or develors s to limit ar ck disturbe	nd pre	would event	require add	du	ring c	onstructi	on. egetate access
OTE:			nit expi	res one ye	ear from o	sed as a		vay. e authorized co	nstructio	on			То	dd Norwo	ood, AZA
	Cha	inges	in plan		ifications			ithout obtaining					Aut	thorized Issu	uing Official
		-				if any of the neous, or in		ition information e.	is foun	d			No	vember 3	0, 2021
	This	perr	nit may	be void o	r revoked	if any perfo	rmance	conditions are r	not					Date	